



# Camp & Daycare Registration Form

Mother's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

HM#: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ MI

Zip: 49 \_\_\_\_\_

Other Authorized Person(s) for Pick-up: \_\_\_\_\_

Security Word: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your child have any medical conditions? **Y / N** (please circle) Explain: \_\_\_\_\_

Current prescriptions and nonprescription drugs and medications: \_\_\_\_\_

Immunization Status Up to Date?: **Y / N** (please circle) Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Sickness within the last 4 weeks?: **Y / N** (please circle) Explain: \_\_\_\_\_

Special Health or Behavioral Considerations: \_\_\_\_\_

I authorize Kids Unlimited Staff to treat Minor routine, nonsurgical treatment for my child. X \_\_\_\_\_

## Release and Waiver Liability - Please read carefully

As a legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person, me or any member of my family participating in SoccerZone's & Gymnastiks Unlimited Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics and related activities including tumbling and trampoline.

I understand that it is the express intent of SoccerZone's & Gymnastiks Unlimited's programs to provide for the safety and protection of my child and, in consideration for allowing my child(ren) to use these facilities, I hereby forever release the SoccerZone & Gymnastiks Unlimited Inc. programs, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child, family member while under the supervision, instruction, or control of the SoccerZone & Gymnastiks Unlimited, Inc. programs.

As legal guardian of the aforementioned person or any member of my family, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for SoccerZone & Gymnastiks Unlimited, Inc. programs. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent. I promise not to sue. I hereby give permission to Kids Unlimited Staff members to secure trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence. By attending Kids Unlimited/ Gymnastiks Unlimited Inc, I acknowledge the contagious nature of COVID - 19 and voluntarily assume the risk I or my family may be exposed to or infected by COVID - 19 or any other infectious diseases. I will not hold Kids Unlimited / Gymnastiks Unlimited or Soccer Zone liable in any way. I ACCEPT ALL RISKS associated with that participation. **I have read, understand and agree with the policies and liabilities on this form:**

Print Name: \_\_\_\_\_

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Parent or Legal Guardian ONLY**

I give Kids Unlimited/ Gymnastiks Unlimited permission to use photographs of my minor child/ren at the discretion of our Marketing Director

X \_\_\_\_\_

Early Drop off: **Y / N** (please circle) Time of Drop off: \_\_\_\_\_

Late Pick up: **Y / N** (please circle) Time of Pick up: \_\_\_\_\_

Student's FIRST & LAST Name #1: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's FIRST & LAST Name #2: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's FIRST & LAST Name #3: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's FIRST & LAST Name #4: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_